



# State of Wisconsin • DEPARTMENT OF REVENUE

TAXPAYER SERVICES DIVISION • 2135 RIMROCK ROAD • MADISON, WI • www.dor.state.wi.us

**ADDRESS MAIL TO:**  
TAX PROCESSING BUREAU  
MAIL STOP 3-138  
PO BOX 8903  
MADISON, WI 53708-8903

## CLAIM FOR DECEDENT'S WISCONSIN INCOME TAX REFUND

The information requested below is necessary to enable us to issue the refund claimed on a deceased person's tax return.

1. Decedent's full name \_\_\_\_\_ SS# \_\_\_\_\_

a. Date of death \_\_\_\_\_

2. What proceedings have been or will be begun in the name of the decedent?

- |   |   |
|---|---|
| <input type="checkbox"/> Formal or Informal Probate               | <input type="checkbox"/> Termination of Joint Tenancy |
| <input type="checkbox"/> Summary Settlement or Summary Assignment | <input type="checkbox"/> Transfer by Affidavit        |
| <input type="checkbox"/> Survivorship Marital Property            | <input type="checkbox"/> None                         |

3. If proceedings are "Formal or Informal Probate" the refund will be issued to the personal representative.

a. Personal Representative's Name

b. Personal Representative's Address

4. If proceedings are NOT "Formal or Informal Probate", provide the following:

a. Claimant's Name

b. Claimant's Social Security Number

c. Claimant's Address

d. Claimant's Relationship to the Decedent

e. Living Relative(s) to the Decedent Other Than the Claimant

- |  |                                   |                               |
|--|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Widow or Widower  | <input type="checkbox"/> Parents  | <input type="checkbox"/> None |
| <input type="checkbox"/> Brother or Sister | <input type="checkbox"/> Children |                               |

The claimant named below requests the refund of income taxes overpaid by or on the behalf of the deceased to the State of Wisconsin for the year \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

I hereby declare that the information provided herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date